


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90032 034 \*\*\*\*50.00

**DOCUMENT # L05000067373**

1. Entity Name  
**405 CHARLES, LLC**



Principal Place of Business <b>5111 RIDGEWOOD AVE., SUITE 300          PORT ORANGE, FL 32127</b>	Mailing Address <b>5111 RIDGEWOOD AVE., SUITE 300          PORT ORANGE, FL 32127</b>
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**30006673**



01222007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3684563</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, D. ANDREW  
 5111 RIDGEWOOD AVE., SUITE 300  
 PORT ORANGE, FL 32127**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reissuing)

DATE: 4/11/07

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, D. ANDREW 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Date: 5/1/07 Devere Phone #